1 STATE MEDICAID RESEARCH FILES DRUG RECORD (1996-98) - 10/15/02 VERSION

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
****	STATE MEDICAID RESEARCH FILES DRUG RECORD	REC	271	1	271	STATE MEDICAID RESEARCH FILES (SMRF) DRUG RECORD PROVIDES INFORMATION ON DRUGS AND OTHER SERVICES PROVIDED BY A PHARMACY FOR EACH RECIPIENT. ALL RECORDS THAT CONTAIN NATIONAL DRUG CODES (NDCs) ARE INCLUDED IN THIS FILE. NDCs INCLUDE CODES FOR PRESCRIPTION AND OVER-THE-COUNTER DRUGS, AS WELL AS DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES. RECORDS WITH NDCs THAT REPRESENT DRUGS ARE MAPPED INTO SMRF TYPE OF SERVICE = 16 (PRESCRIBED DRUGS). USING THE HIERARCHICAL INGREDIENT CODE LIST (HICL), RECORDS WITH NDCs THAT REPRESENT DME AND SUPPLIES ARE MAPPED INTO SMRF TYPE OF SERVICE = 19 (OTHER SERVICES). USERS SHOULD NOTE THAT ANY SERVICE PROVIDED BY A PHARMACY OR SERVICES THAT CONTAIN A NATIONAL DRUG CODE (NDC) ARE REPORTED IN THE SMRF DRUG FILE. FOR THIS REASON, DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES BILLED BY PHARMACY PROVIDERS (AND CONTAINING NDCs) ARE INCLUDED IN THE SMRF DRUG FILE. IN CONTRAST, DME AND SUPPLIES BILLED BY OTHER TYPES OF PROVIDERS (AND CONTAINING HCPCS OR OTHER STATE-SPECIFIC PROCEDURE CODES) ARE INCLUDED IN THE SMRF OTHER SERVICES FILE. USERS SHOULD NOTE THAT INJECTABLE ITEMS, WHICH PATIENTS MAY RECEIVE FROM OTHER TYPES OF PROVIDERS (E.G. PHYSICIANS AND CLINICS), ARE IDENTIFIED USING PROCEDURE (SERVICE) CODE. RECORDS FOR ANY OF THESE SERVICES THAT CONTAIN PROCEDURE (SERVICE) CODES, AND NO NDC, ARE REPORTED IN THE SMRF OTHER SERVICES FILE. THEREFORE, DME AND SUPPLIES BILLED BY NON-PHARMACY PROVIDERS ARE REPORTED IN THE SMRF OTHER SERVICES FILE. VACCINES AND CERTAIN OTHER DRUGS (SUCH AS HUMAN GROWTH HORMONE) MAY BE FOUND IN ONE OR BOTH OF THE DRUG AND THE OTHER SERVICES FILES. IN SOME INSTANCES, A PHARMACY MAY SUBMIT A CLAIM FOR A VACCINE AND THE BILL WILL CONTAIN AN NDC. IN THIS CASE, THE RECORD WILL BE REPORTED IN THE DRUG FILE. IN OTHER INSTANCES, A PHYSICIAN (OR OTHER TYPE OF PROVIDER) MAY SUBMIT A CLAIM (VACCINE ONLY OR VACCINE AND ITS ADMINISTRATION). IN THIS CASE, THE RECORD WILL BE REPORTED IN THE OTHER SERVICES FILE.

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					THE APPROACH DESCRIBED ABOVE TO SEPARATE RECORDS BETWEEN THE SMRF DRUG AND THE OTHER SERVICES FILE ABOVE IS CONSISTENT WITH MSIS INSTRUCTIONS TO STATES BEGINNING IN FISCAL 1999. HOWEVER, IT IS DIFFERENT THAN THE APPROACH USED FOR 1992 THROUGH 1995. FOR THOSE YEARS, INJECTIONS AND INFUSIONS OF DRUGS (IDENTIFIED, PRIMARILY, BY THE NATIONAL LEVEL 2 HCPCS J-CODES) WERE LISTED IN SPECIFICATIONS WITH THE INTENTION OF PLACING THEM IN THE SMRF DRUG FILE. HOWEVER, IN OTHER DOCUMENTATION, LANGUAGE DESCRIBED THE CORRECT APPROACH AS PUTTING ADMINISTRATION OF DRUGS INTO THE OUTPATIENT FILE AND LIMITING RECORDS IN THE DRUG FILE TO "DRUG ONLY" SERVICES. IT IS UNCLEAR TO WHICH STATES THESE TWO CONFLICTING SETS OF "RULES" WERE APPLIED. FURTHERMORE, THE SPECIFICATIONS FOR CLAIMS TO BE MOVED WERE IMPLEMENTED FOR ONLY TWO SPECIFIC SERVICE CODE FLAGS (06 AND 11), DESPITE THE FACT THAT STATES WERE INSTRUCTED TO USE CODES 10 THROUGH 87 FOR THEIR VARIOUS STATE SPECIFIC CODING SCHEMES. THERE WAS NO REASON TO EXCLUDE CODES OTHER THAN 06 AND 11 FROM THE SPECIFICATIONS. IN FACT, CODE 10 WAS THE MOST COMMONLY USED STATE SPECIFIC CODE FLAG. THUS, MANY SERVICES WITH STATE SPECIFIC DRUG CODES WERE NOT MOVED INTO THE DRUG FILE. IT WAS ALSO THE CASE THAT HICL CODES WERE USED TO IDENTIFY NDC CODES FOR DME AND SUPPLIES. RECORDS CONTAINING THESE CODES WERE SUPPOSED TO BE KEPT IN THE OTHER SERVICES FILE. TO THE EXTENT POSSIBLE, INTERIM AND ADJUSTMENT CLAIMS ARE COMBINED SO THAT EACH RECORD IN THIS FILE REPRESENTS A DISTINCT SERVICE. THESE RECORDS REPRESENT ALL MEDICAID-COVERED SERVICES FOR THE ELIGIBLE. HOWEVER, THEY MAY NOT INCLUDE ALL SERVICES OR COMPLETE INFORMATION ON MEDICAID COVERED SERVICES WHEN THE ELIGIBLE HAS OTHER HEALTH INSURANCE COVERAGE (E.G. MEDICARE AND/OR PRIVATE COVERAGE). FOR A COMPLETE LIST OF TYPES OF SERVICE THAT ARE CONTAINED IN THIS FILE, SEE "SMRF TYPE OF SERVICE" (DATA ELEMENT #16). USERS SHOULD REFER TO THE "MSIS TECHNICAL SPECIFICATIONS AND DATA DICTIONARY" FOR A COMPLETE LIST OF MSIS DATA EDIT SPECIFICATIONS.

1 STATE MEDICAID RESEARCH FILES DRUG RECORD (1996-98)

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
***	ELIGIBILITY REGION	GROUP	81	1	81	MEDICAID AND CROSSOVER (MEDICARE) ELIGIBILITY INFORMATION ADDED TO EACH SERVICE RECORD, FROM MSIS ELIGIBILITY AND CLAIMS FILES (USING ELIGIBLE IDENTIFICATION NUMBER).
**	MEDICAID ELIGIBILITY GROUP	GROUP	77	1	77	MEDICAID ELIGIBILITY INFORMATION ADDED TO EACH SERVICE RECORD, FROM MSIS ELIGIBILITY FILES.
1.	ELIGIBLE IDENTIFICATION NUMBER	CHAR	20	1	20	UNIQUE IDENTIFICATION NUMBER USED TO IDENTIFY A MEDICAID ELIGIBLE IN THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS). SOURCE: MSIS ELIGIBILITY FILES
2.	STATE ABBREVIATION CODE	CHAR	2	21	22	U. S. POSTAL SERVICE 2-CHARACTER ABBREVIATION FOR THE STATE MEDICAID AGENCY SUBMITTING THE DATA. CODES: AL = ALABAMA AK = ALASKA AZ = ARIZONA AR = ARKANSAS AS = AMERICAN SAMOA CA = CALIFORNIA CO = COLORADO CT = CONNECTICUT DE = DELAWARE DC = DISTRICT OF COLUMBIA FL = FLORIDA GA = GEORGIA GU = GUAM HI = HAWAII ID = IDAHO IL = ILLINOIS IN = INDIANA IA = IOWA KS = KANSAS KY = KENTUCKY LA = LOUISIANA ME = MAINE MD = MARYLAND MA = MASSACHUSETTS

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					MI = MICHIGAN MN = MINNESOTA MS = MISSISSIPPI MO = MISSOURI MT = MONTANA NE = NEBRASKA NV = NEVADA NH = NEW HAMPSHIRE NJ = NEW JERSEY NM = NEW MEXICO NY = NEW YORK NC = NORTH CAROLINA ND = NORTH DAKOTA OH = OHIO OK = OKLAHOMA OR = OREGON PA = PENNSYLVANIA PR = PUERTO RICO RI = RHODE ISLAND SC = SOUTH CAROLINA SD = SOUTH DAKOTA TN = TENNESSEE TX = TEXAS UT = UTAH VT = VERMONT VI = VIRGIN ISLANDS VA = VIRGINIA WA = WASHINGTON WV = WEST VIRGINIA WI = WISCONSIN WY = WYOMING SOURCE: MSIS ELIGIBILITY FILES

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
3.	ELIGIBLE TEMPORARY IDENTIFICATION NUMBER	CHAR	20	23	42	TEMPORARY PERSONAL IDENTIFICATION NUMBER ASSIGNED BY THE STATE TO AN ELIGIBLE PENDING ASSIGNMENT OF A PERMANENT IDENTIFICATION NUMBER. THIS DATA ELEMENT IS ONLY USED BY STATES THAT USE THE SOCIAL SECURITY NUMBER AS THE PERSONAL IDENTIFIER FOR MEDICAID REPORTING. EDIT-RULES: AS NEGOTIATED WITH EACH STATE. IF THERE IS NO TEMPORARY IDENTIFICATION NUMBER, THIS DATA ELEMENT SHOULD BE BLANK-FILLED. SOURCE: MSIS ELIGIBILITY FILES
4.	ELIGIBLE SOCIAL SECURITY NUMBER	CHAR	9	43	51	SOCIAL SECURITY NUMBER OF THE MEDICAID ELIGIBLE. *USER NOTE: NOT AVAILABLE FOR WASHINGTON. FOR IOWA, AVAILABLE FOR DUAL ENROLLEES ONLY THROUGH 6/96 AND THEN ALL ENROLLEES BEGINNING 7/96 (88% OF ENROLLEES HAD SSNs IN THE 1996 IOWA DATA).* SOURCE: MSIS ELIGIBILITY FILES
5.	ELIGIBLE BIRTH DATE	NUM	8	52	59	BIRTH DATE OF THE MEDICAID ELIGIBLE. 8 DIGITS EDIT-RULES: YYYYMMDD SOURCE: MSIS ELIGIBILITY FILES
6.	ELIGIBLE SEX CODE	NUM	1	60	60	GENDER OF THE MEDICAID ELIGIBLE. 1 DIGIT CODES: 1 = FEMALE 2 = MALE 9 = UNKNOWN/ERROR *USER NOTE: THESE CODES CHANGE TO F, M AND U IN THE 1999 MSIS DATA* SOURCE: MSIS ELIGIBILITY FILES

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
7.	ELIGIBLE RACE/ETHNICITY CODE	NUM	1	61	61	RACE/ETHNICITY OF THE MEDICAID ELIGIBLE. 1 DIGIT CODES: 1 = WHITE, NOT OF HISPANIC ORIGIN (CHANGED TO "WHITE" BEGINNING 10/98) 2 = BLACK, NOT OF HISPANIC ORIGIN (CHANGED TO "BLACK OR AFRICAN AMERICAN" BEGINNING 10/98) 3 = AMERICAN INDIAN OR ALASKAN NATIVE 4 = ASIAN OR PACIFIC ISLANDER (CHANGED TO "ASIAN" BEGINNING 10/98) 5 = HISPANIC (CHANGED TO "HISPANIC OR LATINO – NO RACE INFORMATION AVAILABLE" BEGINNING 10/98) 6 = NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NEW CODE BEGINNING 10/98) 7 = HISPANIC OR LATINO AND ONE OR MORE RACES (NEW CODE BEGINNING 10/98) 8 = MORE THAN ONE RACE (NEW CODE BEGINNING 10/98) 9 = UNKNOWN *USER NOTE: SINCE SPECIFICATIONS FOR CODE VALUES = 7 AND 8 WERE NOT ISSUED BY HCFA UNTIL MAY 2000, THESE CODE VALUES MAY NOT APPEAR. THE METHODS OF COLLECTING INFORMATION ON RACE AND ETHNICITY DIFFER SUBSTANTIALLY ACROSS STATES AND TIME PERIODS.* SOURCE: MSIS ELIGIBILITY FILES

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
8.	STATE SPECIFIC ELIGIBILITY CODE - MOST RECENT	CHAR	6	62	67	STATE SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED - MOST RECENT OBSERVATION. USER NOTES: THESE SOURCE CODES ARE GENERALLY NOT APPLICABLE FOR MOST RESEARCH ACTIVITIES. THE DATA ELEMENT CHANGES OVER TIME, VARIES ACROSS STATES IN TERMS OF THE LEVEL AND TYPE OF ELIGIBILITY DESCRIBED, REQUIRES A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRES AN UNDERSTANDING OF THE IDIOSYNCRASIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO SMRF UNIFORM ELIGIBILITY CODES. THEREFORE, MOST USERS WILL WANT TO USE SMRF UNIFORM ELIGIBILITY CODES. THROUGH 9/98 THIS DATA ELEMENT WAS 4 CHARACTERS IN LENGTH AND IS LEFT-JUSTIFIED AND BLANK FILLED (TWO RIGHT POSITIONS). BEGINNING IN 10/98, IT IS 6 CHARACTERS IN LENGTH. THIS CODE VALUE IS APPENDED TO EACH RECORD FOR THE ELIGIBLE PERSON, FROM THE SMRF PERSON SUMMARY FILE. SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF STATE SPECIFIC ELIGIBILITY FROM THE SMRF PERSON SUMMARY FILE AND SELECTING THE FIRST MEANINGFUL CODE (NOT 0- OR 9-FILLED) BEGINNING WITH DECEMBER AND MOVING BACKWARDS IN TIME MONTH BY MONTH. IT HAS NOT BEEN RECODED FROM THE SMRF PERSON SUMMARY FILE.

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
9.	STATE SPECIFIC ELIGIBILITY CODE – FOR MONTH OF SERVICE	CHAR	6	68	73	STATE SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED – FOR THE MONTH OF SERVICE. *USER NOTES: THESE SOURCE CODES ARE GENERALLY NOT APPLICABLE FOR MOST RESEARCH ACTIVITIES. THE DATA ELEMENT CHANGES OVER TIME, VARIES ACROSS STATES IN TERMS OF THE LEVEL AND TYPE OF ELIGIBILITY DESCRIBED, REQUIRE A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRE AN UNDERSTANDING OF THE IDIOSYNCRASIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO SMRF UNIFORM ELIGIBILITY CODES. THEREFORE, MOST USERS WILL WANT TO USE SMRF UNIFORM ELIGIBILITY CODES. THROUGH 9/98, THIS DATA ELEMENT WAS 4 CHARACTERS IN LENGTH AND IS LEFT-JUSTIFIED AND BLANK FILLED (TWO RIGHT POSITIONS). BEGINNING IN 10/98, IT IS 6 CHARACTERS IN LENGTH. THIS CODE VALUE (FOR ENDING MONTH OF SERVICE) IS APPENDED TO EACH RECORD FOR THE ELIGIBLE PERSON, FROM THE SMRF PERSON SUMMARY FILE.* SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF STATE SPECIFIC ELIGIBILITY FROM THE MSIS PERSON SUMMARY FILE AND SELECTING THE MONTHLY VALUE WHICH CORRESPONDS TO THE ENDING MONTH FOR THIS SERVICE. IT IS BLANK FILLED IF NO ELIGIBILITY IS RECORDED FOR THAT MONTH.

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
10.	SMRF UNIFORM ELIGIBILITY CODE - MOST RECENT	NUM	2	74	75	STATE MEDICAID RESEARCH FILES (SMRF) UNIFORM ELIGIBILITY CODE FOR THE MEDICAID ELIGIBLE - MOST RECENT OBSERVATION 2 DIGITS CODES: 00 = NOT ELIGIBLE 11 = AGED, CASH 12 = BLIND/DISABLED, CASH 14 = AFDC CHILD, CASH 16 = AFDC-U CHILD, CASH 15 = AFDC ADULT, CASH 17 = AFDC-U ADULT, CASH 21 = AGED, MEDICALLY NEEDY (MN) 22 = BLIND/DISABLED, MN 24 = AFDC CHILD, MN 25 = AFDC ADULT, MN 31 = AGED, POVERTY 32 = BLIND/DISABLED, POVERTY 34 = CHILD, POVERTY 35 = ADULT, POVERTY 41 = OTHER AGED 42 = OTHER BLIND/DISABLED 48 = FOSTER CARE CHILD 44 = OTHER CHILD 45 = OTHER ADULT 99 = UNKNOWN ELIGIBILITY *USER NOTE: THIS CODE LIST IS NEARLY THE SAME AS THE LIST FOR THE 1999 SMRF FILE, EXCEPT THAT CODES ARE ADDED FOR 1999 TO IDENTIFY SECTION 1115 DEMONSTRATION EXPANSION ELIGIBLES. FOR 1999, IT IS NOT NECESSARY TO MAP SMRF UNIFORM ELIGIBILITY INTO THESE CODES. CHANGES IN THE 1999 MSIS SPECIFICATIONS TO STATES RESULTED IN MSIS MAINTENANCE ASSISTANCE STATUS (MAS) AND BASIS OF ELIGIBILITY (BOE) CODES THAT DIRECTLY CORRESPOND.* SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF STATE SPECIFIC ELIGIBILITY FROM THE SMRF PERSON SUMMARY FILE (FOR ALL GROUPS INCLUDING 1115 DEMONSTRATION EXPANSION ELIGIBLES) AND SELECTING THE FIRST MEANINGFUL CODE (NOT 0- OR 9-FILLED) BEGINNING WITH DECEMBER AND MOVING BACKWARDS IN TIME MONTH BY MONTH, THEN MAPPING THAT STATE SPECIFIC CODE INTO ONE OF THE CODES ABOVE. IT HAS NOT BEEN RECODED FROM THE SMRF PERSON SUMMARY FILE.

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
11.	SMRF UNIFORM ELIGIBILITY CODE - FOR MONTH OF SERVICE	CHAR	2	76	77	STATE MEDICAID RESEARCH FILES (SMRF) UNIFORM ELIGIBILITY CODE FOR THE MEDICAID ELIGIBLE - FOR THE MONTH OF SERVICE. CODES: 00 = NOT ELIGIBLE 11 = AGED, CASH 12 = BLIND/DISABLED, CASH 14 = AFDC CHILD, CASH 16 = AFDC-U CHILD, CASH 15 = AFDC ADULT, CASH 17 = AFDC-U ADULT, CASH 21 = AGED, MEDICALLY NEEDY (MN) 22 = BLIND/DISABLED, MN 24 = AFDC CHILD, MN 25 = AFDC ADULT, MN 31 = AGED, POVERTY 32 = BLIND/DISABLED, POVERTY 34 = CHILD, POVERTY 35 = ADULT, POVERTY 41 = OTHER AGED 42 = OTHER BLIND/DISABLED 48 = FOSTER CARE CHILD 44 = OTHER CHILD 45 = OTHER ADULT 99 = UNKNOWN ELIGIBILITY *USER NOTE: THIS CODE LIST IS NEARLY THE SAME AS THE LIST FOR THE 1999 SMRF FILE, EXCEPT THAT CODES ARE ADDED FOR 1999 TO IDENTIFY SECTION 1115 DEMONSTRATION EXPANSION ELIGIBLES. FOR 1999, IT IS NOT NECESSARY TO MAP SMRF UNIFORM ELIGIBILITY INTO THESE CODES. CHANGES IN THE 1999 MSIS SPECIFICATIONS TO STATES RESULTED IN MSIS MAINTENANCE ASSISTANCE STATUS (MAS) AND BASIS OF ELIGIBILITY (BOE) CODES THAT DIRECTLY CORRESPOND.* SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF STATE SPECIFIC ELIGIBILITY FROM THE SMRF PERSON SUMMARY FILE (FOR ALL GROUPS INCLUDING 1115 DEMONSTRATION EXPANSION ELIGIBLES) AND SELECTING THE MONTHLY VALUE WHICH CORRESPONDS TO THE ENDING MONTH FOR THIS SERVICE, THEN MAPPING THAT STATE SPECIFIC CODE INTO ONE OF THE CODES ABOVE. IT IS BLANK FILLED IF NO ELIGIBILITY IS RECORDED FOR THAT MONTH. IT HAS NOT BEEN RECODED FROM THE SMRF PERSON SUMMARY FILE.

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
**	CROSSOVER (MEDICARE) ELIGIBILITY GROUP	GROUP	4	78	81	INFORMATION FROM MSIS ELIGIBILITY AND CLAIMS FILES ON CROSSOVER STATUS (DUAL ELIGIBILITY FOR MEDICAID AND MEDICARE).
12.	ELIGIBLE MEDICARE CROSSOVER CODE	NUM	1	78	78	INDICATES THAT THE ELIGIBLE IS OR HAS BEEN COVERED BY MEDICARE (KNOWN AS CROSSOVER, DUAL ELIGIBILITY OR MEDICARE CODE) 1 DIGIT CODES: 0 = NO CROSSOVER 1 = DUAL ELIGIBILITY FLAG HAS A VALUE OF 1 (MEANING THAT THE PERSON WAS COVERED BY MEDICARE AT SOME TIME DURING THE YEAR) 2 = MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID FOR THIS SERVICE. 3 = BOTH 1 AND 2 APPLY 9 = ELIGIBLE'S MEDICARE STATUS IS UNKNOWN AND THERE IS NO MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID FOR THIS SERVICE *USER NOTE: BEGINNING IN 10/98, MSIS CAPTURES GREATER DETAIL ON DUAL ELIGIBILITY. GIVEN THE IMPORTANCE OF CROSSOVER STATUS FOR SOME DATA USERS, THE EXPANDED DETAIL APPEARS AS DATA ELEMENT #14 IN THIS FILE. TO PROVIDE CONSISTENCY WITH EARLIER CODES FOR OTHER DATA USERS, THESE 2 CHARACTER CODES, AVAILABLE ONLY FOR 10/98 THROUGH 12/98, HAVE BEEN MAPPED INTO THE CODES LISTED ABOVE, AS FOLLOWS:* *TO FROM* *SMRF MSIS FY99* *CODE CODE(DUAL-ELIGIBLE-FLAG)* *0 = 00 ELIGIBLE IS NOT A MEDICARE BENEFICIARY.* *1 = 01 ELIGIBLE IS ENTITLED TO MEDICARE – QMB ONLY* *1 = 02 ELIGIBLE IS ENTITLED TO MEDICARE – QMB AND FULL MEDICAID COVERAGE* *1 = 03 ELIGIBLE IS ENTITLED TO MEDICARE – SLMB ONLY* *1 = 04 ELIGIBLE IS ENTITLED TO MEDICARE – SLMB AND FULL MEDICAID COVERAGE* *1 = 05 ELIGIBLE IS ENTITLED TO MEDICARE – QDWI* *1 = 06 ELIGIBLE IS ENTITLED TO MEDICARE – QUALIFYING INDIVIDUAL (1)* *1 = 07 ELIGIBLE IS ENTITLED TO MEDICARE – QUALIFYING INDIVIDUAL (2)* *1 = 08 ELIGIBLE IS ENTITLED TO MEDICARE – OTHER DUAL ELIGIBLE* *1 = 09 ELIGIBLE IS ENTITLED TO MEDICARE – DUAL ELIGIBILITY CATEGORY UNK.* *9 = 99 ELIGIBLE'S MEDICARE STATUS IS UNKNOWN*

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					ONCE THIS MAPPING IS COMPLETED, VALUE = 0 IS CHANGED TO VALUE = 2 AND VALUE = 1 IS CHANGED TO VALUE = 3 IF THERE WAS MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID FOR THIS SERVICE. SOURCE: THE DUAL ELIGIBILITY FLAG IS OBTAINED FROM SMRF PERSON SUMMARY RECORDS AND DEDUCTIBLE OR COINSURANCE PAID AMOUNTS ARE OBTAINED FROM MSIS CLAIMS DATA.
13. ELIGIBLE MEDICARE CROSSOVER CODE – CLAIM-BASED	NUM	1	79	79	INDICATES THAT THE ELIGIBLE WAS COVERED BY MEDICARE WHEN THIS SERVICE WAS RENDERED. 1 DIGIT CODES: 0 = NO MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID ON THIS SERVICE 1 = MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID ON THIS SERVICE SOURCE: DEDUCTIBLE OR COINSURANCE PAID AMOUNTS ARE OBTAINED FROM MSIS CLAIMS DATA.

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
14. ELIGIBLE MEDICARE CROSSOVER CODE - NEW	NUM	2	80	81	INDICATES THAT THE ELIGIBLE WAS COVERED BY MEDICARE AND THE TYPE OF DUAL (MEDICAID AND MEDICARE) ELIGIBILITY FOR THE QUARTER OF THE ENDING DATE OF SERVICE. 2 DIGITS CODES: 00 = ELIGIBLE IS NOT A MEDICARE BENEFICIARY. 01 = ELIGIBLE IS ENTITLED TO MEDICARE – QMB ONLY 02 = ELIGIBLE IS ENTITLED TO MEDICARE – QMB AND FULL MEDICAID COVERAGE 03 = ELIGIBLE IS ENTITLED TO MEDICARE – SLMB ONLY 04 = ELIGIBLE IS ENTITLED TO MEDICARE – SLMB AND FULL MEDICAID COVERAGE 05 = ELIGIBLE IS ENTITLED TO MEDICARE – QDWI 06 = ELIGIBLE IS ENTITLED TO MEDICARE – QUALIFYING INDIVIDUALS (1) 07 = ELIGIBLE IS ENTITLED TO MEDICARE – QUALIFYING INDIVIDUALS (2) 08 = ELIGIBLE IS ENTITLED TO MEDICARE – OTHER DUAL ELIGIBLE 09 = ELIGIBLE IS ENTITLED TO MEDICARE – DUAL ELIGIBILITY CATEGORY UNKNOWN 99 = ELIGIBLE'S MEDICARE STATUS IS UNKNOWN *USER NOTE: THIS DATA ELEMENT CORRESPONDS TO DATA ELEMENT #12. THERE IS ONE OBSERVATION IN MSIS FOR THE MONTHS 10/98 THROUGH 12/98. IT IS BLANK-FILLED FOR RECORDS WITH SERVICE DATES FROM 1/96 THROUGH 9/98. SEE THE DATA DICTIONARY FOR THE SMRF PERSON SUMMARY FILE (DATA ELEMENT #20 – ELIGIBLE MEDICARE CROSSOVER CODE – NEW) FOR MORE DETAIL.* SOURCE: MSIS ELIGIBILITY FILE

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
***	UTILIZATION AND PAYMENT SUMMARY REGION	REGION	190	82	271	DETAILED INFORMATION FROM MSIS CLAIMS ON THE SERVICE PROVIDED.
**	SERVICE GROUP	GROUP	17	82	98	DETAILED INFORMATION ON THE TYPE OF SERVICE, PLACE OF SERVICE AND PROVIDER IDENTIFICATION.
15.	MSIS TYPE OF SERVICE CODE	NUM	2	82	83	CODE INDICATING THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS) TYPE OF SERVICE. 2 DIGITS CODES (TYPES OF SERVICE THAT APPLY TO THIS FILE TYPE ARE IN BOLD): 01 INPATIENT HOSPITAL 02 MENTAL HOSPITAL SERVICES FOR THE AGED 03 SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED (OBSOLETE BEFORE 1996, BUT NOT REMOVED FROM MSIS SPECIFICATIONS UNTIL 10/98) 04 INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21 05 INTERMEDIATE CARE FACILITY (ICF) FOR THE MENTALLY RETARDED 06 INTERMEDIATE CARE FACILITY (ICF) – ALL OTHER (OBSOLETE AFTER 1990) 07 NURSING FACILITY SERVICES (NFS) - ALL OTHER 08 PHYSICIANS 09 DENTAL 10 OTHER PRACTITIONERS 11 OUTPATIENT HOSPITAL 12 CLINIC 13 HOME HEALTH **14 FAMILY PLANNING (OBSOLETE BEGINNING 10/98)** 15 LAB AND X-RAY **16 PRESCRIBED DRUGS** 17 EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT) (OBSOLETE BEGINNING 10/98) 18 RURAL HEALTH SERVICES (OBSOLETE BEGINNING 10/98) **19 OTHER SERVICES** 20 PREMIUM PAYMENT (CHANGED TO “CAPITATED PAYMENTS TO HMO OR HIO PLAN” BEGINNING IN 10/97) NEW CODES BEGINNING 10/97: 21 CAPITATED PAYMENTS TO PREPAID HEALTH PLANS – PHPS 22 CAPITATED PAYMENTS FOR PRIMARY CARE CASE MANAGEMENT – PCCM 23 FEDERALLY QUALIFIED HEALTH CENTER (FQHC) SERVICES (OBSOLETE BEGINNING 10/98)

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					24 STERILIZATIONS 25 ABORTIONS 26 TRANSPORTATION SERVICES 30 PERSONAL CARE SERVICES 31 TARGETED CASE MANAGEMENT 32 HOME AND COMMUNITY BASED CARE (OBSOLETE BEGINNING 10/98) 33 REHABILITATION SERVICES 34 PT, OT, SPEECH, HEARING SERVICES 35 HOSPICE BENEFITS 36 NURSE MIDWIFE 37 NURSE PRACTITIONER SERVICES 38 PRIVATE DUTY NURSING 39 CHRISTIAN SCIENCE PRACTITIONERS (CHANGED TO “RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS” BEGINNING 10/98) 40 HOME AND COMMUNITY BASED WAIVERS (OBSOLETE BEGINNING 10/98) 99 UNKNOWN *USER NOTE: THE ONLY MSIS TYPES OF SERVICE THAT APPEAR IN THIS FILE ARE:* *TOS = 14 FAMILY PLANNING* *16 PRESCRIBED DRUGS* *19 OTHER SERVICES* *FOR TYPE OF SERVICE = 17 (EPSDT), THERE IS SUBSTANTIAL VARIATION IN REPORTING ACROSS STATES.* *BEGINNING IN 10/98, MSIS IDENTIFIED EPSDT; FAMILY PLANNING; RURAL HEALTH CLINIC; FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs); INDIAN HEALTH; HOME AND COMMUNITY BASED CARE FOR DISABLED, ELDERLY AND INDIVIDUALS AGE 65 AND OLDER; AND HOME AND COMMUNITY BASED CARE WAIVER SERVICES USING A NEW DATA ELEMENT, “PROGRAM TYPE’.* SOURCE: MSIS CLAIMS FILE

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
16. SMRF TYPE OF SERVICE CODE	NUM	2	84	85	CODE INDICATING THE STATE MEDICAID RESEARCH FILES (SMRF) TYPE OF SERVICE FOR THIS RECORD. 2 DIGITS CODES (TYPES OF SERVICE THAT APPLY TO THIS FILE TYPE ARE IN BOLD): 01 INPATIENT HOSPITAL 02 MENTAL HOSPITAL SERVICES FOR THE AGED 04 INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21 05 INTERMEDIATE CARE FACILITY (ICF) FOR THE MENTALLY RETARDED 06 INTERMEDIATE CARE FACILITY (ICR) – ALL OTHER (OBSOLETE AFTER 1990) 07 NURSING FACILITY SERVICES (NFS) - ALL OTHER 08 PHYSICIANS 09 DENTAL 10 OTHER PRACTITIONERS 11 OUTPATIENT HOSPITAL 12 CLINIC 13 HOME HEALTH **14 FAMILY PLANNING** 15 LAB AND X-RAY **16 PRESCRIBED DRUGS** 17 EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT) 18 RURAL HEALTH SERVICES 19 OTHER SERVICES 20 PREMIUM PAYMENT **21 DME AND SUPPLIES** 22 CASE MANAGEMENT SERVICES 23 TRANSPORTATION 99 UNKNOWN

STATE MEDICAID RESEARCH FILES DRUG RECORD (1996-98)

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					USER NOTE: THE ONLY SMRF TYPES OF SERVICE THAT APPEAR IN THIS FILE ARE: *TOS = 14 FAMILY PLANNING* *16 PRESCRIBED DRUGS* *21 DME AND SUPPLIES* *FOR TYPE OF SERVICE = 17 (EPSDT), THERE IS SUBSTANTIAL VARIATION IN REPORTING ACROSS STATES.* *CLAIMS ARE RECODED TO SMRF TYPES OF SERVICE USING THE HIERARCHICAL INGREDIENT CODE LIST (HICL) CODE (DATA ELEMENT # 29). CLAIMS WITH HICL CODES FOR DRUGS ARE MAPPED TO SMRF TYPE OF SERVICE VALUE = 16 (PRESCRIBED DRUGS) WHILE RECORDS WITH HICL CODES FOR DME AND SUPPLIES ARE MAPPED TO SMRF TYPE OF SERVICE VALUE = 21 (DME AND SUPPLIES). BEGINNING IN 10/98, FAMILY PLANNING SERVICES WERE IDENTIFIED USING A NEW MSIS DATA ELEMENT, CALLED "PROGRAM TYPE". THEREFORE, FOR 10/98 THROUGH 12/98, THERE IS AN ADDITIONAL STEP IN THE MAPPING PROCESS. IF MSIS PROGRAM TYPE = 2 (FAMILY PLANNING), THEN THE SMRF TYPE OF SERVICE IS GIVEN VALUE = 14 (FAMILY PLANNING). FOR THESE RECORDS, USERS WILL STILL BE ABLE TO DISTINGUISH DRUGS FROM DME AND SUPPLIES BY USING THE MSIS TYPE OF SERVICE VALUE = 16 FOR PRESCRIBED DRUGS AND VALUE = 19 FOR DME AND SUPPLIES.* SOURCE: MSIS CLAIMS FILE.

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
17. PLACE OF SERVICE CODE	NUM	1	86	86	CODE INDICATING THE PLACE WHERE THE SERVICE WAS PERFORMED. 1 DIGIT CODES: 1 = OFFICE 2 = PATIENT'S HOME 3 = INPATIENT HOSPITAL 4 = NURSING HOME 5 = OUTPATIENT HOSPITAL / EMERGENCY ROOM / CLINIC (EXCLUDES EMERGENCY ROOM FROM 10/98 TO 12/98) 6 = OTHER 7 = EMERGENCY ROOM (FROM 10/98 TO 12/98, ONLY) 8 = NOT APPLICABLE 9 = UNKNOWN USER NOTE: *BEGINNING IN 10/98, MSIS DID NOT COLLECT PLACE OF SERVICE FOR DRUG CLAIMS. THEREFORE, FOR DRUG RECORDS FROM 10/98 THROUGH 12/98, PLACE OF SERVICE IS CODED WITH VALUE = 9 (UNKNOWN).* SOURCE: MSIS CLAIMS FILE

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
18.	PROVIDER IDENTIFICATION NUMBER	CHAR	12	87	98	STATE ASSIGNED UNIQUE IDENTIFICATION NUMBER FOR THE BILLING PROVIDER. 12 DIGITS SOURCE: MSIS CLAIMS FILE
**	CLAIMS AND PAYMENT GROUP	GROUP	42	99	140	DETAILED DATA FROM MSIS CLAIMS ON TYPE OF CLAIM, TYPE OF COVERAGE, PAYMENTS AND CHARGES FROM MSIS CLAIMS.
19.	TYPE OF CLAIM CODE	NUM	1	99	99	CODE INDICATING THE TYPE OF CLAIM. 1 DIGIT CODES: 1 = A CURRENT CLAIM FOR MEDICAL SERVICES OR PREMIUM PAYMENT. 2 = UNAPPLIED ADJUSTMENT TO A PREVIOUSLY PAID OR ADJUSTED CLAIM, OR AN ADJUSTMENT TO A PREMIUM PAYMENT. 3 = DUMMY CLAIM THAT SIMULATES A BILL FOR A SERVICE RENDERED TO A PATIENT COVERED UNDER SOME FORM OF CAPITATION PLAN. 4 = A 'SERVICE TRACKING CLAIM' THAT DOCUMENTS SERVICES RECEIVED BY AN INDIVIDUAL PATIENT, WHEN THE STATE ACCEPTS A LUMP SUM BILL FROM A PROVIDER THAT COVERED SIMILAR SERVICES DELIVERED TO MORE THAN ONE PATIENT, SUCH AS GROUP SCREENING FOR EPSDT. 5 = AN ADJUSTED CLAIM 9 = UNKNOWN USER NOTE: *THIS DATA ELEMENT SHOULD BE USED WITH DATA ELEMENTS #16 (SMRF TYPE OF SERVICE CODE) AND #20 (TYPE OF COVERAGE). RECODRDS WITH A CODE VALUE = 1 OR 2 AND SMRF TYPE OF SERVICE = 20 ARE PREMIUM PAYMENTS. RECORDS WITH A CODE VALUE = 3 AND/OR TYPE OF COVERAGE = 3, 4, 5 OR 6 ARE ENCOUNTER RECORDS FOR SOME TYPE OF PREPAID PLAN.* *RECORDS WITH A CODE VALUE=4 ARE INCLUDED IN MSIS, BUT SHOULD NOT APPEAR IN THE SMRF FILES. RECORDS WITH A CODE VALUE=2 (ADJUSTMENTS) MAY APPEAR IN THE SMRF FILES WHEN IT IS NOT POSSIBLE TO COMBINE ALL CLAIMS FOR A SINGLE HEALTH EVENT.* *VOIDED CLAIMS ARE NOT RETAINED IN SMRF AS $0 PAID CLAIMS.* SOURCE: MSIS CLAIMS FILE

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
20. TYPE OF COVERAGE CODE	NUM	1	100	100	CODE INDICATING WHETHER PAYMENTS WERE MADE UNDER FEE-FOR-SERVICE OR A PRE-PAYMENT SYSTEM. 1 DIGIT CODES: 1 = STANDARD MEDICAID FEE-FOR-SERVICE CLAIM OR ADJUSTMENT. 3 = SERVICE PROVIDED UNDER PRIVATE HEALTH. INSURANCE PROGRAM OR PREMIUM PAYMENT. 4 = SERVICE PROVIDED UNDER QUALIFIED HMO OR PREMIUM PAYMENT. 5 = SERVICE PROVIDED UNDER PROVISIONAL HMO OR PREMIUM PAYMENT. 6 = SERVICE PROVIDED UNDER OTHER CAPITATION PLAN OR PREMIUM PAYMENT. 9 = UNKNOWN COVERAGE STATUS. *USER NOTE: THIS DATA ELEMENT IS BLANK FILLED FROM 10/98 TO 12/98 BECAUSE THIS DATA ELEMENT IS NOT CAPTURED IN MSIS. ENCOUNTER RECORDS (FOR PREPAID PLANS) CAN BE IDENTIFIED FOR THESE MONTHS USING DATA ELEMENT #19 - TYPE OF CLAIM WITH A CODE VALUE = 3. BEGINNING IN 1999 SMRF, A DATA ELEMENT LIKE THIS WILL BE GENERATED BY OBTAINING PLAN ID FROM A CLAIM, MATCHING TO THE ELIGIBILITY RECORD FOR THAT PERSON TO OBTAIN PLAN TYPE AND THEN CAPTURING THAT PLAN TYPE IN THE CLAIM RECORD.* SOURCE: MSIS CLAIMS FILE

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
21. MEDICAID PAYMENT AMOUNT	NUM	8	101	108	TOTAL AMOUNT OF MONEY PAID BY MEDICAID FOR THIS SERVICE 8 DIGITS (DISPLAY SIGNED NUMERIC) *USER NOTES: PRIOR TO 1996, THIS DATA ELEMENT WAS STORED IN "COMP" FORMAT.* *FOR RECORDS IN WHICH TYPE OF CLAIM HAS VALUE=3 (DUMMY OR ENCOUNTER RECORD), THE MSIS VALUE IN THIS DATA ELEMENT HAS BEEN MOVED TO DATA ELEMENT #25 (PREPAID PLAN SERVICE VALUE) AND MEDICAID PAYMENT AMOUNT HAS BEEN RESET TO VALUE = $0. THIS IS BECAUSE MEDICAID PAYMENT FOR THESE RECORDS IS ALREADY CAPTURED IN PREMIUM PAYMENT RECORDS CONTAINING EITHER* *(1) THROUGH 9/97 –* *MSIS TYPE OF SERVICE (TOS) = 20 (PREMIUM PAYMENTS), OR* *(2) BEGINNING 10/97 –* *MSIS TOS = 20 (CAPITATED PAYMENTS TO HMO OR HIO PLAN),* *MSIS TOS = 21 (CAPITATED PAYMENTS TO PREPAID HEALTH PLANS – PHPs) OR* *MSIS TOS = 22 (CAPITATED PAYMENT FOR PRIMARY CARE CASE MANAGEMENT – PCCMs).* SOURCE: CODED AT HCFA AS NOTED ABOVE USING MSIS CLAIMS FILE
22. THIRD PARTY PAYMENT AMOUNT	NUM	8	109	116	TOTAL AMOUNT OF MONEY PAID BY A THIRD PARTY (I.E. ALL SOURCES OTHER THAN MEDICAID, MEDICARE AND THE ELIGIBLE'S PERSONAL FUNDS) FOR THIS SERVICE. 8 DIGITS (DISPLAY SIGNED NUMERIC) *USER NOTE: PRIOR TO 1996, THIS DATA ELEMENT WAS STORED IN "COMP" FORMAT.* *THERE MAY BE SUBSTANTIAL VARIATION IN THE REPORTING OF THIRD PARTY LIABILITY (TPL) AMOUNTS ACROSS STATES. THIS IS BECAUSE STATES USE DIFFERENT METHODS OF COLLECTING TPL PAYMENTS. SOME STATES MAY REQUIRE PROVIDERS TO THOROUGHLY PURSUE COLLECTION OF TPL PAYMENTS BEFORE CLAIMS ARE ADJUDICATED FOR MEDICAID PAYMENT. OTHER STATES MAY DESIRE TO PAY PROVIDERS PROMPTLY AND THEN RECOVER TPL PAYMENTS FROM OTHER PAYERS. FOR THESE REASONS, THE EXTENT TO WHICH TPL COLLECTIONS ARE ACCURATELY REPORTED IN MSIS IS UNKNOWN.* SOURCE: MSIS CLAIMS FILE

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
23. PAYMENT DATE	NUM	8	117	124	DATE ON WHICH THE PAYMENT WAS ADJUDICATED BY THE STATE. 8 DIGITS EDIT-RULES: YYYYMMDD *USER NOTE: THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING IN 1996.* SOURCE: MSIS CLAIMS FILE
24. CHARGE AMOUNT	NUM	8	125	132	TOTAL AMOUNT OF CHARGES SUBMITTED BY THE PROVIDER FOR THIS SERVICE. 8 DIGITS (DISPLAY SIGNED NUMERIC) *USER NOTE: PRIOR TO 1996, THIS DATA ELEMENT WAS STORED IN "COMP" FORMAT. PRIOR TO 10/98, INSTRUCTIONS TO STATES WERE NOT PRECISE ON HOW THIS DATA ELEMENT WAS TO BE REPORTED FOR ENCOUNTER RECORDS. BEGINNING IN 10/98, STATES WERE INSTRUCTED TO REPORT THIS DATA ELEMENT IN ONE OF THREE WAYS FOR ENCOUNTER RECORDS: (1) SET VALUE = $0, OR (2) SET VALUE TO BE THE AMOUNT PAID BY THE PLAN TO THE PROVIDER OR (3) SET VALUE TO BE THE ESTIMATED COST OF THE SERVICE.* SOURCE: MSIS CLAIMS FILE

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
25.	PREPAID PLAN SERVICE VALUE	NUM	8	133	140	DOLLAR VALUE PLACED ON THE SERVICE BY THE PROVIDER. 8 DIGITS (DISPLAY SIGNED NUMERIC) *USER NOTES: FOR RECORDS IN WHICH TYPE OF CLAIM HAS VALUE=3 DUMMY OR ENCOUNTER RECORD) THE MSIS VALUE OF "MEDICAID AMOUNT PAID" HAS BEEN MOVED TO DATA ELEMENT #25 (PREPAID PLAN SERVICE VALUE)AND MEDICAID PAYMENT AMOUNT HAS BEEN RESET TO VALUE = $0. THIS IS BECAUSE MEDICAID PAYMENT FOR THESE RECORDS IS ALREADY CAPTURED IN RECORDS CONTAINING MSIS TOS = 20 (PREMIUM PAYMENTS), THROUGH 9/97 AND IN TOS = 20 (CAPITATED PAYMENTS TO HMO OR HIO PLAN), TOS=21 (CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs) OR TOS=22 (CAPITATED PAYMENT FOR PRIMARY CARE CASE MANAGEMENT - PCCMs), BEGINNING 10/97. DEPENDING ON THE PROVIDER AND TYPE OF PREPAID PLAN, THE DOLLAR AMOUNTS IN THIS DATA ELEMENT MAY HAVE DIFFERENT MEANINGS. FOR EXAMPLE, IN AN INDEPENDENT PRACTICE PLAN THE AMOUNT MAY BE A PROVIDER'S CHARGE TO THE PLAN. IN A STAFF MODEL PLAN, THE AMOUNT MAY BE A MEASURE OF RESOURCES USED. FOR THIS REASON, EXTREME CAUTION SHOULD BE EXERCISED WHEN USING THIS DATA ELEMENT. BEGINNING IN 10/98, MSIS EDIT SPECIFICATIONS STATE THAT MEDICAID AMOUNT PAID MUST BE $0 FOR ENCOUNTER RECORDS.* SOURCE: CODED AT HCFA AS NOTED ABOVE USING MSIS CLAIMS FILE
**	DRUG GROUP		131	141	271	ADDITIONAL CLAIMS DATA ELEMENTS SPECIFIC TO PRESCRIPTION DRUGS.
26.	PRESCRIPTION FILLED DATE	NUM	8	141	148	DATE THE PRESCRIPTION WAS FILLED BY THE PHARMACY OR OTHER PROVIDER. 8 DIGITS EDIT-RULES: YYYYMMDD *USER NOTES: THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING IN 1996. BEGINNING IN 1999, STATES WILL BE REPORTING BOTH FILLED DATE AND PRESCRIBED DATE IN MSIS.* SOURCE: MSIS CLAIMS FILE

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
27. NATIONAL DRUG CODE (NDC)	CHAR	12	149	160	NATIONAL DRUG CODE (NDC) FOR THIS SERVICE *USER NOTE: THE 11-CHARACTER NDC CODE SHOULD BE LEFT JUSTIFIED AND BLANK-FILLED TO THE RIGHT. HOWEVER, USERS SHOULD CHECK THE 12-CHARACTER DATA ELEMENT FOR EACH STATE SINCE THERE ARE INSTANCES WHERE IT MAY BE RIGHT-JUSTIFIED OR CONTAIN AN IMBEDDED "0". THE FORMAT OF THE NDC IS AS FOLLOWS:* *LABELER CODE (NUMERIC) - CHARACTERS 1-5* *PRODUCT CODE (ALPHANUMERIC) - CHARACTERS 6-9* *PACKAGE CODE (ALPHANUMERIC) - CHARACTERS 10-11* SOURCE: MSIS CLAIMS FILE
28. QUANTITY OF SERVICE	NUM	5	161	165	THE NUMBER OF UNITS OF SERVICE RECEIVED BY THE ELIGIBLE. 5 DIGITS *USER NOTES: FOR 1/96 THROUGH 9/98, THIS DATA ELEMENT IS 4 CHARACTERS IN LENGTH AND IS RIGHT JUSTIFIED. FOR 10/98 THROUGH 12/98 IT IS 5 CHARACTERS IN LENGTH. PRIOR TO 10/97, MSIS INSTRUCTIONS WERE TO CODE THIS DATA ELEMENT WITH VALUE = 1 FOR PRESCRIPTION DRUG CLAIMS. BEGINNING IN 10/97, MSIS INSTRUCTIONS WERE TO CODE THIS DATA ELEMENT WITH THE NUMBER OF UNITS OF A PRESCRIPTION/REFILL THAT WERE FILLED. THE INSTRUCTIONS ALSO STATE, "…USE THE MEDICAID DRUG REBATE DEFINITION OF A UNIT, WHICH IS THE SMALLEST UNIT BY WHICH THE DRUG IS NORMALLY MEASURED; E.G. TABLET, CAPSULE, MILLILITER, ETC. FOR DRUGS NOT IDENTIFIABLE OR DISPENSED BY A NORMAL UNIT, E.G. POWDER-FILED VIALS, USE 1 AS THE NUMBER OF UNITS." UNDER THE NEW DEFINITION (BEGINNING 10/98), ONE PRESCRIPTION FOR 100 250-MILLIGRAM TABLETS RESULTS IN QUANTITY = 100. NOTE THAT PRIOR TO 10/98, ONE PRESCRIPTION FOR 100 TABLETS RESULTED IN QUANTITY = 1. THIS DATA ELEMENT IS NOT APPLICABLE FOR CLAIMS WITH MSIS TYPE OF SERVICE = 19 (OTHER SERVICES) WHICH INCLUDES DME AND SUPPLIES.* SOURCE: MSIS CLAIMS FILE

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
29.	NATIONAL DRUG CODE FORMAT INDICATOR	CHAR	1	166	166	THIS DATA ELEMENT IS USED TO IDENTIFY THE ORIGINAL 10- OR 11- CHARACTER FORMAT OF THE NATIONAL DRUG CODE (NDC) AND THE TYPE OF CODE, SUCH AS NDC, UNIVERSAL PRODUCT CODE – (UPC) OR HEALTH RELATED ITEM (HRI). NDCs AND HRIs ARE 10- OR 11-DIGIT CODES USED TO IDENTIFY DRUG PRODUCTS. NON-PRESCRIPTION DRUG PRODUCTS MAY ALSO HAVE SEPARATE UPCs. IN GENERAL, THE 11-DIGIT NDC IS STRUCTURED AS FOLLOWS: - LABELER CODE – 5 NUMERIC CHARACTERS - PRODUCT CODE – 4 CHARACTERS (CAN BE ALPHANUMERIC) - PACKAGE CODE – 2 CHARACTERS (CAN BE ALPHANUMERIC) THE FIRST 4 OR 5 DIGITS (LABELER CODE) OF THE NDC OR HRI (DEPENDING ON FORMAT) ARE ASSIGNED BY THE FOOD AND DRUG ADMINISTRATION TO IDENTIFY THE MANUFACTURER. THE LAST 5 OR 6 CHARACTERS ARE ASSIGNED BY THE MANUFACTURERS TO IDENTIFY THEIR PRODUCT AND PACKAGING DESIGNATIONS. IF A COMPANY IS ASSIGNED A 4-DIGIT LABELER CODE, THEY USE A 4-4-2 FORMAT FOR THEIR DRUG PRODUCTS. THOSE ASSIGNED A 5-DIGIT LABELER CODE USE EITHER A 5-3-2, 5-4-1 OR 5-4-2 FORMAT. CODE: PRESCRIPTION DRUGS: 0 = FORMAT 5-4-2 (99999-9999-99) CONVERTS TO 99999-9999-99 NDC 1 = FORMAT 4-4-2 (9999-9999-99) CONVERTS TO 09999-9999-99 NDC 2 = FORMAT 5-3-2 (99999-999-99) CONVERTS TO 99999-0999-99 NDC 3 = FORMAT 5-4-1 (99999-9999-9) CONVERTS TO 99999-9999-09 NDC PRODUCTS: 4 = FORMAT 5-5 (99999-99999) CONVERTS TO 99999-0999-99 UPC 5 = FORMAT 5-5 (99999-99999) CONVERTS TO 99999-9999-09 UPC 6 = FORMAT 5-5 (99999-99999) CONVERTS TO 99999-9999-90 UPC HEALTH RELATED ITEMS: 7 = FORMAT 4-4-2 (9999-9999-99) CONVERTS TO 09999-999999 HRI *USER NOTE: THIS IS FIRST DATA BANK DATA ELEMENT “NDCFI”.* SOURCE: PROPRIETARY DATA OF FIRST DATA BANK CORPORATION, FOR USE BY HCFA STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
30.	DRUG CLASS	CHAR	1	167	167	CLASSIFIES THE DRUG ACCORDING TO AVAILABILITY TO THE PATIENT. CODES: O = OVER THE COUNTER (THIS VALUE IS AN ALHPA LETTER 'O') F = PRESCRIPTION REQUIRED (THIS VALUE IS AN ALPHA LETTER 'F') BLANK = UNSPECIFIED *USER NOTE: THIS IS FIRST DATA BANK DATA ELEMENT "CL".* SOURCE: PROPRIETARY DATA OF FIRST DATA BANK CORPORATION, FOR USE BY HCFA STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.
31.	GENERIC INDICATOR	CHAR	1	168	168	DIFFERENTIATES SINGLE FROM MULTIPLE SOURCE DRUGS. CODES: 1 = MULTIPLE SOURCE, GENERIC DRUGS 2 = SINGLE SOURCE, BRAND NAME DRUGS *USER NOTE: THIS IS FIRST DATA BANK DATA ELEMENT "GI".* SOURCE: PROPRIETARY DATA OF FIRST DATA BANK CORPORATION, FOR USE BY HCFA STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.
32.	HIERARCHICAL INGREDIENT CODE LIST (HICL)	CHAR	54	169	222	THE HIERARCHICAL INGREDIENT CODE LIST (HICL), WHICH CONTAINS A MAXIMUM OF NINE SEQUENCED INGREDIENT CODES, HIERARCHICAL INGREDIENT CODES (HICs), EACH 6-CHARACTER HIC IDENTIFIES A SPECIFIC INGREDIENT, THERAPEUTIC CLASS, PHARMACOLOGICAL CLASS AND ORGAN SYSTEM TO WHICH THE DRUG IS TARGETED. *USER NOTE: THIS IS FIRST DATA BANK DATA ELEMENT "HICL".* SOURCE: PROPRIETARY DATA OF FIRST DATA BANK CORPORATION, FOR USE BY HCFA STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
33.	THERAPEUTIC CLASS CODE, SPECIFIC	CHAR	3	223	225	SPECIFIC THERAPEUTIC CLASS CODE *USER NOTE: THIS IS FIRST DATA BANK DATA ELEMENT "GC3".* SOURCE: PROPRIETARY DATA OF FIRST DATA BANK CORPORATION, FOR USE BY HCFA STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.
34.	THERAPEUTIC CLASS CODE, GENERIC	CHAR	2	226	227	GENERIC THERAPEUTIC CLASS CODE *USER NOTE: THIS IS FIRST DATA BANK DATA ELEMENT "GTC".* SOURCE: PROPRIETARY DATA OF FIRST DATA BANK CORPORATION, FOR USE BY HCFA STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.
35.	AMERICAN HOSPITAL FORMULARY SYSTEM CODE	CHAR	6	228	233	AMERICAN HOSPITAL FORMULARY SYSTEM CLASS CODE *USER NOTE: THIS IS FIRST DATA BANK DATA ELEMENT "AHFS".* SOURCE: PROPRIETARY DATA OF FIRST DATA BANK CORPORATION, FOR USE BY HCFA STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.
36.	SMART KEY	CHAR	24	234	257	THE SMART KEY IS A SERIES OF EIGHT DATA ELEMENTS WHICH CLASSIFIES ALL PRODUCTS BY GENERIC THERAPEUTIC CLASS, SPECIFIC THERAPEUTIC CLASS, HIERARCHICAL INGREDIENT CODE LIST, STRENGTH, DOSAGE FORM, ROUTE OF ADMINISTRATION, PACKAGE SIZE AND UNIT DOSE/UNIT OF USE. USERS SHOULD CONSULT FIRST DATA BANK DOCUMENTATION FOR DETAILS. *USER NOTE: THIS IS FIRST DATA BANK DATA ELEMENT "SKEY".* SOURCE: PROPRIETARY DATA OF FIRST DATA BANK CORPORATION, FOR USE BY HCFA STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.
37.	MEDI-SPAN THERAPEUTIC CLASSIFICATION SYSTEM CODE	CHAR	14	258	271	MEDI-SPAN THERAPEUTIC CLASSIFICATION SYSTEM CODE. EDIT-RULES: ANY COPIES OF THIS FILE GOING OUTSIDE HCFA SHOULD BE BLANK. SOURCE: PROPRIETARY DATA OF FIRST DATA BANK CORPORATION.